

Benefits Collaborative

What is Benefits Collaborative?

It is a process for ensuring that benefit coverage decisions are based on the best available clinical evidence and that all benefit coverage policies promote the improved health and functioning of Medicaid clients. The amount, scope and duration of Medicaid benefits will be identified through this process ensuring that benefit coverage determinations are made in a manner that is transparent to, and inclusive of, all stakeholders.

Who is involved in this collaborative process?

- Clients and Advocates
- Medicaid providers
- Medicaid Contractors
- Benefits Collaborative Advisory Committee (previously named Medicaid Advisory Committee)
- Policy Makers
- Other State agencies and partners

How will the collaborative process work?

The Department will invite clients, advocates, providers, contractors and other interested stakeholders to participate in the process of defining Medicaid benefit coverage policy through public forums and email communications. All drafted benefit policies will be:

- Posted on the Web site for public comment;
- Reviewed by the Benefit Collaborative Advisory Committee and
- Recommended by the Benefit Collaborative Advisory Committee to the Medicaid Director for adoption or for modification.

What's next?

The Department is developing the order in which benefits will be reviewed and target dates for policy development. The first service to be reviewed will be Reproductive Care. A request for participants will be sent out by January 30, 2009.

Updates regarding the work of the Collaborative will be communicated by:

- Postings on the Department's website:
<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197969485485>
- The monthly Provider Bulletin
- Public meetings
- E-mail

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